Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3675AGZ	A. BUILDING _____ B. WING _____	01/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS CARE HOME	2757 GALLANT HILLS DRIVE LAS VEGAS, NV 89135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/11/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.	Y 000		
Y 180 SS=F	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 1/11/10, the facility	Y 180		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 180	Continued From page 1 failed to ensure 2 of 3 emergency lights functioned when tested. Severity: 2 Scope: 3	Y 180		
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 1/11/10, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #3). Findings include: Famotidine 20 mg was prescribed for Resident #3 to be taken one tablet daily. The prescription was last filled on 11/27/09 for #30 tablets. The bottle was empty at time of survey. Severity: 2 Scope: 1	Y 879		

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Y 895	Continued From page 2	Y 895		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/11/10, the facility failed to ensure the medication administration record (MAR) was accurate for 3 of 4 residents (Resident #1 - Exelon and Risperidone; Resident #3 - Lexapro; and Resident #4 - Temazepam). Severity: 1 Scope: 3	Y 895		